

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31213

State File No.

BIRTH NO.		REG. DIST. NO. <u>306</u>	PRIMARY REG. DIST. NO. <u>6048</u>	Registrar's No. <u>17</u>
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print) <u>Rose H.</u>		a. (First) <u>Nagel</u>	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>Sept. 25 1951</u>		(Month) (Day) (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 18 1879</u>	9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Frank Svec</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Otto Nagel Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adolph Wodicka</u> ADDRESS <u>O'Fallon Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Liver from unknown site</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>		
19a. DATE OF OPERATION <u>8/27/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>unable to determine origin site. Nodules of malignancy in liver - pathological report - anaplastic tissue</u>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 20</u> , 19 <u>51</u> , to <u>Sept. 25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept. 25</u> , 19 <u>51</u> , and that death occurred at <u>12:30</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>John L. Kuehn M.D.</u> (Degree or title)		23b. ADDRESS <u>O'Fallon, Missouri</u>		23c. DATE SIGNED <u>Sept. 26, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Piker</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 27 - 51</u>		REGISTRAR'S SIGNATURE <u>Ea Keithly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ea Keithly</u> ADDRESS <u>O'Fallon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 2 1951
DISTRICT HEALTH OFFICE No. 4
File No.

OCT 13 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

E. A. Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon Mo .

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.